

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	45	7-9-97
EXAMINER	279	7-30
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	7-12-97
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## SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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